

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
09/807586 | FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3	8					
4						
5						
6	10					
7						
8	1					
9	1					
10						
11						
12						
13						
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43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	8					
TOTAL CLAIMS	9					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831

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